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| Application Number | 09/806,544 |
| Filing Date | 7/2/2001 |
| First Named Inventor | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | YOR919980392US2 (473-2) |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
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| I am the: Applicant/Inventor. | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature // C / C | | | | | | | | |
| Name so | lame SCOTT W. REID Reg. No. 42, 098 | | | | | | | |
| <u> </u> | ECEMBER 4TH, 2007 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | |
| ✓ *Total of1forms are submitted. | | | | | | | | |

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